STATE BASED UNIVERSAL HEALTH CARE ACT OF 2019
HR 5010
20 CO-SPONSORS INCLUDING CONGRESSMAN JOE NEGUSE ALL DEMOCRATS
REFERRED TO:

- COMMITTEE ON ENERGY AND COMMERCE
- WAYS AND MEANS
- OVERSIGHT AND REFORM
- ARMED SERVICES AND
- EDUCATION AND LABOR
PURPOSE:
TO AUTHORIZE THE ESTABLISHMENT OF STATE BASED UNIVERSAL HEALTH CARE SYSTEMS
WHY IS THE ACT NEEDED???

TO COVER EVERYONE AT THE STATE LEVEL

EACH STATE NEEDS FEDERAL APPROVAL AND FEDERAL FUNDS TO COVER THE PEOPLE WHO ARE CURRENTLY COVERED BY FEDERAL HEALTH PROGRAMS
HOW WOULD THE REMAINING COSTS BE COVERED?

PROBABLY, EACH STATE WOULD TAX THEIR RESIDENTS TO PAY FOR THE COST OF CARE FOR THE PEOPLE WHO WEREN’T ALREADY COVERED BY A FEDERAL PROGRAM.
Some of the Residents’ Taxes Would Increase

- In almost all cases the tax would be less than the residents would pay in premiums, deductibles, and copays.

- And the benefits would be as good or better.
WHY NOT COVER ONLY THE PEOPLE WHO AREN’T ELIGIBLE FOR FEDERAL PROGRAMS?

STATES NEED THE BEST POSSIBLE ECONOMY OF SCALE TO KEEP TAXES AS LOW AS POSSIBLE AND PROVIDE THE BEST BENEFITS
WHY GO STATE BY STATE?

- The most politically feasible
- Some states are ready to achieve universal health care
- Other states are not ready
HOW THE STATE BASED UNIVERSAL HEALTH CARE ACT WOULD WORK

AMENDS THE ACA BY ADDING WAIVER #1335

“WAIVER FOR STATE UNIVERSAL HEALTH CARE”
A STATE OR STATES COULD APPLY TO THE SECRETARY OF HEALTH AND HUMAN SERVICES FOR A WAIVER
REGIONAL WAIVER REQUEST
TWO OR MORE STATES CAN FORM A REGION AND SUBMIT ONE APPLICATION FOR THE REGION
SINGLE APPLICATION

SEVERAL FEDERAL AGENCIES HAVE OVERSIGHT FOR SPECIFIED FEDERAL HEALTH PROGRAMS. THE FEDERAL AGENCIES MUST COORDINATE THEIR EFFORTS TO MAKE IT EASIER FOR EACH STATE OR REGION TO APPLY FOR A WAIVER.
THE STATE PLAN MUST COVER AT LEAST 95% OF ALL RESIDENTS WITHIN 5 YEARS.
STATE RESIDENT

☐ US CITIZEN

☐ US NATIONAL
STATE RESIDENT

- ALIENS LAWFULLY RESIDING IN THE STATE
- DREAMERS IN THE STATE
STATE RESIDENT

PRIMARY RESIDENCE IS IN THE STATE.
STATE RESIDENT

EXCEPT

NATIVE AMERICANS
AMERICAN INDIANS AND ALASKAN NATIVES

STATES MAY NOT REQUIRE ENROLLMENT OF AN INDIAN
AMERICAN INDIANS AND ALASKAN NATIVES

- NO ENROLLMENT FEE, PREMIUM, OR SIMILAR CHARGE AND NO DEDUCTION, COPAYMENT, COST SHARING OR SIMILAR CHARGE IS TO BE IMPOSED AGAINST AN INDIAN

- ALL COST INCURRED IN WAIVING SUCH CHARGES SHALL BE BORNE BY THE FEDERAL GOVERNMENT
FUNDING

- COMBINE SEVERAL FEDERAL HEALTH CARE FUNDING STREAMS

- CREATE A STATE TAX TO COVER RESIDENTS NOT COVERED BY FEDERAL HEALTH CARE PROGRAMS
FEDERAL HEALTH CARE FUNDING STREAMS

- AFFORDABLE CARE ACT
- SUBSIDIES
- TAX CREDITS
FEDERAL HEALTH CARE FUNDING STREAMS

- MEDICARE
- MEDICAID
- CHILDRENS HEALTH INSURANCE PROGRAM (CHIP)
FEDERAL HEALTH CARE FUNDING STREAMS

- FEDERAL EMPLOYEES HEALTH BENEFITS PLAN
- TRICARE
- ERISA
- EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
BENEFITS

MUST BE AT LEAST AS GOOD AS THE FEDERAL HEALTH CARE PROGRAM BENEFITS
OUT OF POCKET SPENDING AT LEAST AS AFFORDABLE AS THE COVERAGE AND COST SHARING PROTECTIONS UNDER THE SPECIFIED FEDERAL HEALTH PROGRAM
PRIVATE INSURANCE WILL NOT PRECLUDE THE PURCHASE OF INSURANCE THAT OFFERS COVERAGE FOR BENEFITS NOT OFFERED UNDER THE STATE PLAN.
FUNDS FROM THE FEDS TO THE STATE

- ADJUSTED FOR CASELOAD GROWTH
- ADJUSTED FOR INFLATION OF HEALTH CARE COSTS WITHIN THE STATE
- STATE ADMINISTRATIVE SAVINGS REINVESTED IN HEALTH CARE SERVICES IN THE STATE
WAIVER

CONSIDERATION AND TRANSPARENCY

SECRETARY OF HEALTH AND HUMAN SERVICES MUST PROMULGATE REGULATIONS WITHIN 180 DAYS AFTER RECEIVING 1ST STATE APPLICATION
REQUIREMENTS FROM THE PPACA

INCLUDED IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):

- DEFINITION OF A QUALIFIED HEALTH PLAN (SECTION 1301)
- ESSENTIAL HEALTH BENEFITS (SECTION 1302)
REQUIREMENTS FROM THE PPACA

- ABORTION RESTRICTIONS (SECTION 1303)

- GROUP MARKET INDIVIDUAL MARKET LARGE AND SMALL EMPLOYER DEFINITIONS (SECTION 1304)
REQUIREMENTS FROM THE PPACA

- HEALTH BENEFIT EXCHANGES (SECTION 1311)
- CONSUMER CHOICE (SECTION 1312)
- FINANCIAL INTEGRITY (SECTION 1313)
REQUIREMENTS FROM THE PPACA

- HEALTH EXCHANGE STATE FLEXIBILITY (SECTION 1321)

- FEDERAL PROGRAM TO ASSIST ESTABLISHMENT AND OPERATION OF NONPROFIT MEMBER RUN HEALTH INSURANCE INSURERS (SECTION 1322)
REQUIREMENTS FROM THE PPACA

COMMUNITY HEALTH INSURANCE OPTIONS (SECTION 1323)

- NO REQUIREMENT FOR HEALTH CARE PROVIDERS TO PARTICIPATE
- NO REQUIREMENT FOR INDIVIDUALS TO JOIN
LEVEL PLAYING FIELD (SECTION 1324)

1. GUARANTEED RENEWAL
2. RATING
3. PRE-EXISTING CONDITIONS
4. NON-DISCRIMINATION
5. QUALITY IMPROVEMENT
6. FRAUD AND ABUSE
REQUIREMENTS FROM THE PPACA

LEVEL PLAYING FIELD (SECTION 1324)

7. SOLVENCY
8. MARKET CONDUCT
9. PROMPT PAYMENTS
10. APPEALS AND GRIEVANCES
11. PRIVACY AND CONFIDENTIALITY
12. LICENSURE
13. BENEFIT PLAN MATERIAL OR INFORMATION
STATE ADMINISTRATION

- PUBLICLY ADMINISTERED BY AN AGENCY OR AGENCIES OF THE STATE
- STATE CAN CONTRACT WITH ONE OR MORE PRIVATE ENTITIES TO ADMINISTER THE STATE PLAN
A panel will consider applications, make recommendations to the Secretary, serve without pay

- 11 members appointed by the Secretary of HHS with recommendations from
  - Speaker of the House
  - House Minority Leader
  - Majority Leader of the Senate
  - Minority Leader of the Senate
  - Republican Governors Association
  - Democratic Governors Association
  - The Patient Advocacy Community
  - Labor organizations providing direct patient care including at least one labor organization that represents primarily registered nurses
  - Primary care physicians
  - Health care professional practicing in a rural or underserved area
PANEL CHAIR AND VICE CHAIR

- SECRETARY OF HEALTH AND HUMAN SERVICES OR DESIGNEE CHAIRS
- ADMINISTRATOR OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY OR DESIGNEE SERVES AS THE VICE CHAIR
PANEL RESOURCES

- STAFF
- PROCURE SERVICES OF EXPERTS AND CONSULTANTS
TIME FOR DETERMINATION

90 DAYS
5 YEAR REVIEW

EVERY 5 YEARS EACH STATE MUST:

- REPORT HOW WAIVER FUNDS HAVE BEEN SPENT

- NUMBER OF RESIDENTS WITHOUT INSURANCE AND A PLAN TO COVER THE UNINSURED
5 YEAR REVIEW

- HOW AFFORDABILITY HAS CHANGED
- IF THE STATE HAS ACHIEVED COVERAGE FOR AT LEAST 95% OF THE RESIDENTS
- MAJOR CHANGES IN QUALITY AND ACCESS
STATE NONCOMPLIANCE

- Federal government has to provide assistance to improve state compliance.
- State has 12 month grace period to comply.
- Secretary can terminate the waiver for noncompliance.
SUMMARY

- The purpose of the act is to make it easier for states to create their own universal health care plan.

- A state or states can apply for a waiver to create a state-based health plan.

- The state must cover at least 95% of the state’s residents.

- Benefits must be at least as good as the benefits that same patient would receive under a specified federal health plan.
WHAT CAN YOU DO???

- THANK CONGRESSMAN JOE NEGUSE FOR CO-SPONSORING 5010

- INVITE CONGRESSMAN RO KHANNA TO SPEAK AT OUR CONFERENCE

- ASK YOUR OWN U.S. REPRESENTATIVE TO CO-SPONSOR 5010
WHAT CAN YOU DO???

- **ASK SENATOR BENNETT TO PRIME SPONSOR A COMPANION BILL IN THE U.S. SENATE**

- **ENCOURAGE YOUR FAMILY & FRIENDS TO SUPPORT 5010 AND CONTRACT THEIR CONGRESSMAN**
THANK YOU!!!

► COMMENTS?
► QUESTIONS?

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